MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN/CHILD READY MT

CONNECTION NEWSLETTER

JANUARY 2017

This issue has National Drug & Alcohol Week information, Pediatric Toolkit for QI projects, Montana's Alcohol Climate Report, ATV's common injuries and **MORE!**

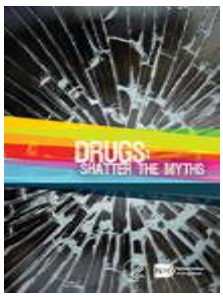
TRIVIA- answer & win a free EMSC Pediatric Crash Card Set- first 3 to email answers to Robin - rsuzor@mt.gov.

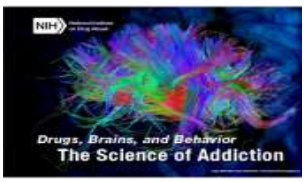
NATIONAL DRUG AND ALCOHOL FACTS WEEK

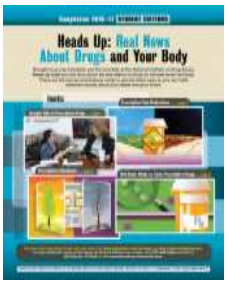
Check out some of the activities below for ideas and for help planning your ***National Drug & Alcohol Facts Week***[SM] event during the last week of January. Get free materials for your event on the Tools and Resources page. Interested in a drug-specific event? NIDA also has several toolkits for events that are specific to the following themes:

- All Drugs
- Alcohol
- Marijuana
- New Psychoactive Substances (synthetics)
- Prescription Drugs
- Tobacco
- Video

Many resources are available and you can order free Materials from the NIDA on drugs and drug abuse to support your NDAFW event, or to use any time of the year. To see the full selection and order from them directly, check out NIDA's publication website.

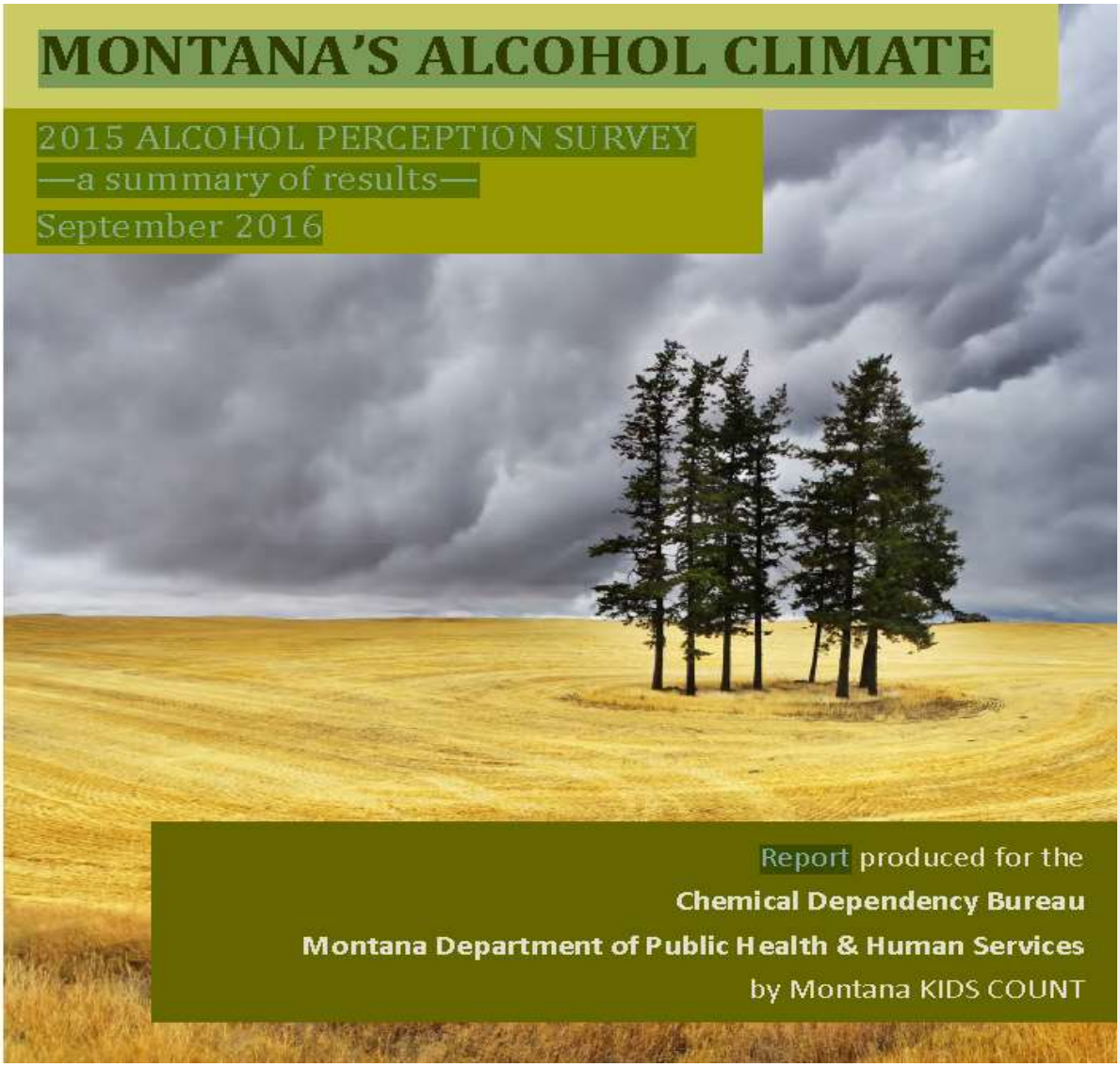






To help teens attending your NDAFW event learn key scientific facts about drugs, drug abuse, addiction, consequences, prevention, and treatment, distribute materials before, during, or after your event.

You can also download materials to view online. webpage https://teens.drugabuse.gov/national-drug-alcohol-facts-week



EXECUTIVE SUMMARY

Montanans have higher prevalence rates of alcohol consumption and substance abuse than residents of most other states, a behavioral pattern that has been manifest practically since the Old West. With a shift in public health focus from treatment of individuals to prevention within populations, the Montana Department of Public Health and Human Services (DPHHS) is working to establish effective prevention practices across the state, aided in part by federal grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

One such grant, the Strategic Prevention Framework-Partnership For Success (SPF-PFS), was awarded to DPHHS's Chemical Dependency Bureau (2013-2017) to prevent underage drinking and to prevent the misuse and abuse of prescription drugs among Montanans ages 12 to 25. Under the SPF-PFS, a variety of strategies are being implemented across the state, including alcohol compliance check programs in all 56 counties, and community-based interventions in 22 high-need, low-resource counties.

One anticipated outcome of this work is a change in some of the attitudes Montanans hold toward alcohol and prescription drug use in their communities. This report summarizes the results of a survey examining how Montanans perceive alcohol consumption in their communities, which was conducted to provide a baseline measure of attitudes as part of the federally-required grant evaluation. A second iteration of this survey is scheduled for 2017, to assess any differences in attitudes that may have occurred during the life of the PFS grant. You can find the full report electronically on the AMDD and the PRC websites --
webpage
http://prevention.mt.gov/Portals/22/MontanaAlcoholPerceptionSurvey2015FinalForPublicRelease.pdf?ver=2016-12-01-120332-290

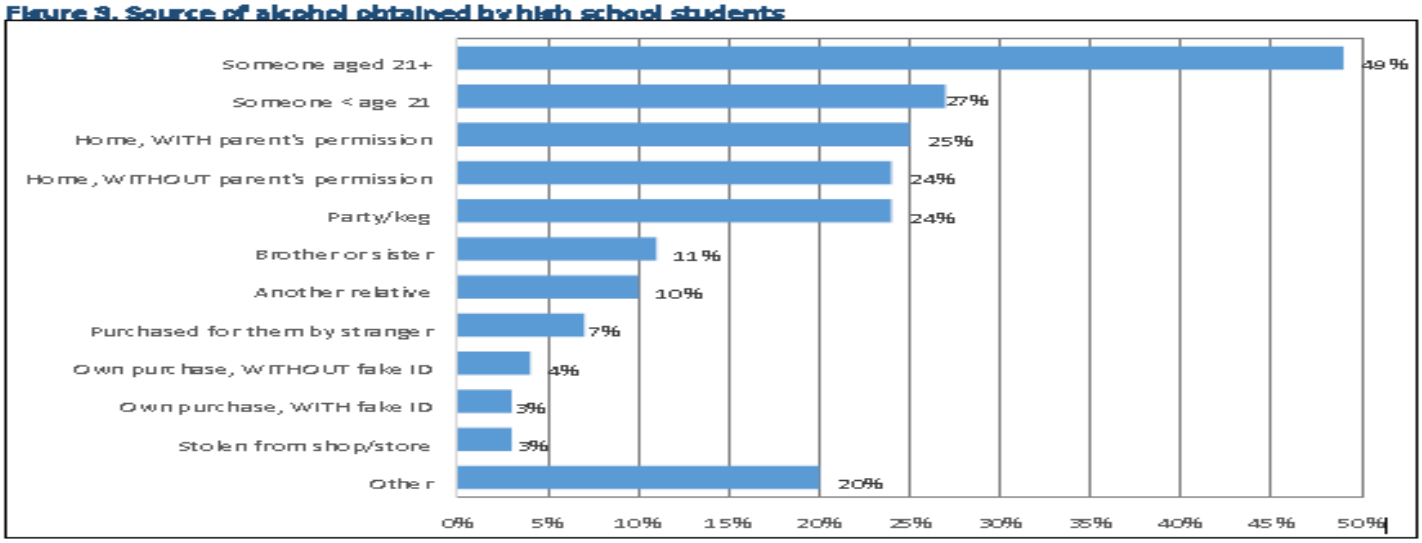
The survey results have been organized by topic: Underage drinking; Drinking and driving; Binge drinking; Alcohol advertising and promotion; and Support for prevention efforts. A few excerpts are noted below.

Underage Drinking

The largest percentage of respondents (45%) think **youth drinking is a somewhat severe or very severe problem**, and while a similar portion (42%) think youth drinking is a rite of passage or "just a part of growing up", the **majority does not (52%). Most respondents (65%) believe it is somewhat easy or very easy for youth to obtain alcohol in their community.**

Finally, when it comes to the enforcement of various alcohol-related laws, over half of respondents (55%) think laws prohibiting the sale of alcohol to underage youth are somewhat adequately or very adequately enforced, while just over one-third think laws penalizing adults who give alcohol to underage youth are somewhat or very adequately enforced (36%).

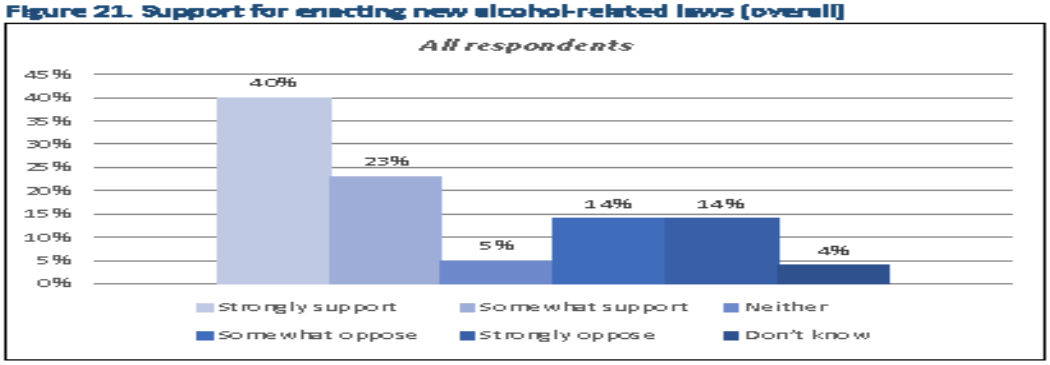
Figure 9. Source of alcohol obtained by high school students



Source: 2014 Prevention Needs Assessment survey; Chemical Dependency Bureau MT DPHHS

Support for enacting new alcohol-related laws (overall)

Figure 21. Support for enacting new alcohol-related laws (overall)



Support for increasing enforcement of existing alcohol-related laws varies by gender, age and parental status, while support for enacting new laws aimed at the problem of alcohol abuse varies by gender and race.

Conclusion

Overall, youth drinking appears to be less of a concern among Montanans than drinking by adults and college students, despite what is known about Montana's rates of substance abuse.

Further, these survey results clearly indicate that prevention efforts cannot afford to take a one-size-fits-all approach to address substance abuse in Montana. Differences among population perceptions toward the use and abuse of alcohol, along with associated risk behaviors by geographic location, gender, race, age, and parental status are evident.

PEDIATRIC TOOLKIT FOR USING THE AHRQ QUALITY INDICATORS–

HOW TO IMPROVE HOSPITAL QUALITY AND SAFETY

A stand-alone pediatric version of the QI Toolkit is available to meet the needs of hospitals that serve children, and includes a concise set of tools to facilitate efforts to improve clinical quality.

The Pediatric QI Toolkit contains tools for the same six steps (A through F) as the QI Toolkit, including materials that improvement teams can use to identify and catalogue quality and patient safety concerns, educate clinical leaders and staff, and hone in on priorities. It also includes 13 indicator-specific best practices for improving performance on the AHRQ Pediatric Quality Indicators (PDIs) and a case study of a Toolkit user in a pediatric setting. This new Pediatric QI Toolkit can be used to improve performance on the PDIs as well as other measures of inpatient pediatric quality.

Download the Pediatric QI Toolkit

The tables below list all of the resources available in the Pediatric QI Toolkit. You can download the tools one at a time or altogether in a PDF or ZIP file.

- To download the entire QI Toolkit as a single PDF document, use this file (PDF - 9.29 MB)
- To download all of the tools in the Pediatric QI Toolkit at once, use this file (Zipped - 10.21 MB)

ATV ACCIDENTS CAN CAUSE SERIOUS CHEST INJURIES IN KIDS

Rollovers and heavier vehicles are some likely reasons why, study shows

New research finds that these vehicles may also pose a high risk for severe chest injuries. Some may view ATVs as being more similar to bicycles. However, many of the **injury patterns are more similar to those sustained in motor vehicle collisions**. Because they can weigh 300 to 400 pounds and travel at speeds of up to 75 miles an hour, ATVs can often be involved in serious accidents, including crashes, rollovers and ejections, the researchers said. The increasing size and weight of ATVs leads to more cases of the vehicle striking the rider. There is also a growing trend of riders being pinned by the vehicle, which can lead to **compression asphyxia.** The study included records from 455 patients, 18 years old and younger. All had chest imaging at a trauma center in Houston after ATV-related incidents. The accidents occurred between 1992 and 2013. Of those admitted, 102 (22 percent) suffered a chest injury.

The researchers said that 40 percent of patients with chest injuries were treated in an intensive care unit (ICU), compared to 22 percent of patients without chest injuries. **On average, patients with chest injuries were 13 years old. The most common chest injury, occurring in 61 percent of patients, was pulmonary contusion**. About **45 percent of patients had a collapsed lung and 34 percent had rib fractures**. Eight deaths occurred among the 102 patients who had chest trauma, the study found. The study authors found that the **biggest cause of chest injury was rollover (43 percent),** followed by collision with landscape (20 percent) and falls (16 percent). In 41 cases, the injured child had been driving the ATV. In 33 cases, he or she had been riding along as a passenger. In the remaining 28 cases, it wasn't known whether the injured child was the driver or passenger.

A group called *Concerned Families for ATV Safety* have story after story of children killed in ATV crashes. A common thread through those stories is a parent saying they didn't know how dangerous these vehicles were for their children. To help prevent injuries, it is advised that young people who ride ATVs wear protective gear, take a hands-on safety course, and adhere to state laws. In addition, it is recommended that children ride appropriate youth-size ATVs, never have two riders on an ATV designed for one, and **always wear a helmet**.

SOURCES: Kelly N. Hagedorn, M.D., radiology resident, McGovern Medical School, University of Texas Health Science Center, Houston; Gerene Denning, Ph.D., director, emergency medicine research, University of Iowa, Iowa City; Nov. 29, 2016, presentation, Radiological Society of North America, Chicago

Institutional Responsibility to Report

The term “institutional reporting” refers to those situations in which the mandated reporter is working (or volunteering) as a staff member of an institution, such as a school or **hospital**, at the time he or she gains the knowledge that leads him or her to suspect that abuse or neglect has occurred. Many institutions have internal policies and procedures for handling reports of abuse, and these usually require the person who suspects abuse to notify the head of the institution that abuse has been discovered or is suspected and **needs to be reported to child protective services** or other appropriate authorities.

MONTANA DEFINITIONS OF CHILD ABUSE

Physical Abuse Citation: Ann. Code § 41-3-102

'Physical abuse' means an intentional act, omission, or gross negligence resulting in substantial skin bruising, internal bleeding, substantial injury to skin, subdural hematoma, burns, bone fractures, extreme pain, permanent or temporary disfigurement, impairment of any bodily organ or function, or death.

'Child abuse or neglect' means:

Actual physical or psychological harm to a child
Substantial risk of physical or psychological harm to a child
Abandonment

The term includes:

Actual physical or psychological harm to a child, or substantial risk of physical or psychological harm to a child, by the acts or omissions of a person responsible for the child's welfare

Exposing a child to the criminal distribution of dangerous drugs, the criminal production or manufacture of dangerous drugs, or the operation of an unlawful clandestine laboratory

'Physical or psychological harm to a child' means the harm that occurs whenever the parent or other person responsible for the child's welfare inflicts or allows to be inflicted upon the child physical abuse, physical neglect, or psychological abuse or neglect.

Neglect Citation: Ann. Code § 41-3-102

'Physical neglect' means:

Failure to provide basic necessities, including but not limited to appropriate and adequate nutrition, protective shelter from the elements, and appropriate clothing related to weather conditions
Failure to provide cleanliness and general supervision
Exposing or allowing the child to be exposed to an unreasonable physical or psychological risk to the child

'Physical or psychological harm to a child' means the harm that occurs whenever the parent or other person responsible for the child's welfare:

Causes malnutrition, failure to thrive, or otherwise fails to supply the child with adequate food; fails to supply clothing, shelter, education, or adequate health care, though financially able to do so or when offered financial or other reasonable means to do so exposes the child, or allows the child to be exposed, to an unreasonable risk to the child's health or welfare by failing to intervene or eliminate the risk.

'Withholding of medically indicated treatment' means failure to respond to an infant's life-threatening conditions by not providing treatment, including appropriate nutrition, hydration, and medication, that in the treating physician's or physicians' reasonable medical judgment is most likely to be effective in ameliorating or correcting the conditions.

Sexual Abuse/Exploitation Citation: Ann. Code § 41-3-102

'Sexual abuse' means the commission of sexual assault, sexual intercourse without consent, indecent exposure, deviate sexual conduct, ritual abuse, or incest.
'Sexual exploitation' means allowing, permitting, or encouraging a child to engage in a prostitution offense or allowing, permitting, or encouraging sexual abuse of children.
'Physical or psychological harm to a child' means the harm that occurs whenever a parent or other person responsible for the child's welfare commits or allows sexual abuse or exploitation of the child.

Emotional Abuse Citation: Ann. Code § 41-3-102

'Psychological abuse or neglect' means severe maltreatment through acts or omissions that are injurious to the child's emotional, intellectual, or psychological capacity to function, including acts of violence against another person residing in the child's home.
'Physical or psychological harm to a child' means the harm that occurs whenever a parent or other person responsible for a child's welfare induces or attempts to induce the child to give untrue testimony that the child or another child was abused or neglected by a parent or other person responsible for the child's welfare.

Abandonment Citation: Ann. Code § 41-3-102

'Abandon,' 'abandoned,' and 'abandonment' mean:

Leaving a child under circumstances that make reasonable the belief that the parent does not intend to resume care of the child in the future

Willfully surrendering physical custody for a period of 6 months and during that period not manifesting to the child and the person having physical custody of the child a firm intention to resume physical custody or to make permanent legal arrangements for the care of the child

That the parent is unknown and has been unknown for a period of 90 days and that reasonable efforts to identify and locate the parent have failed

The voluntary surrender, as defined in § 40-6-402, by a parent of a newborn who is no more than 30 days old, to an emergency services provider

'Physical or psychological harm to a child' means the harm that occurs when the parent or other person responsible for the child's welfare abandons the child.

Standards for Reporting Citation: Ann. Code § 41-3-201

A report is required when a mandatory reporter knows or has reasonable cause to suspect, as a result of information they receive in their professional or official capacity, that a child is abused or neglected by anyone regardless of whether the person suspected of causing the abuse or neglect is a parent or other person responsible for the child's welfare.

Persons Responsible for the Child Citation: Ann. Code § 41-3-102

'A person responsible for a child's welfare' means:

The child's parent, guardian, foster parent, or an adult who resides in the same home as the child
A person providing care in a daycare facility
An employee of a public or private residential institution, facility, home, or agency
Any other person responsible for the child's welfare in a residential setting

Exceptions Citation: Ann. Code § 41-3-102

The term 'abandoned' does not include the voluntary surrender of the child to the department solely because of parental inability to access publicly funded services.

The term 'child abuse' does not include self-defense, defense of others, or action taken to prevent the child from self-harm.

This chapter may not be construed to require or justify a finding of child abuse or neglect for the sole reason that a parent or legal guardian, because of religious beliefs, does not provide adequate health care for a child. This chapter may not be construed to limit the administrative or judicial authority of the State to ensure that medical care is provided to the child when there is imminent substantial risk of serious harm to the child.

The term 'withholding medically indicated treatment' does not include the failure to provide treatment, other than appropriate nutrition, hydration, or medication to an infant when, in the treating physician's or physicians' reasonable medical judgment:

The infant is chronically and irreversibly comatose.

The provision of treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant.

The provision of treatment would be virtually futile in terms of the survival of the infant, and the treatment itself under the circumstances would be inhumane.

https://www.childwelfare.gov/pubPDFs/define.pdf#page=5&view=Summaries of State laws

NEWS FROM OFFICE OF MINORITY HEALTH

The HHA Action Plan to Reduce Racial and Ethnic Health Disparities
Objective: Outlines goals, strategies and actions HHS will take to reduce health disparities among racial and ethnic minorities. It builds on provisions of the Affordable Care Act which will help address the needs of racial and ethnic minority populations by bringing down health care costs, investing in prevention and wellness, supporting improvements in primary care, and creating linkages between the traditional realms of health and social services.

Issue: A ***health disparity*** is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Racial and ethnic minorities still lag behind in many health outcome measures. They are less likely to get the preventive care they need to stay healthy, more likely to suffer from serious illnesses, such as diabetes or heart disease, and when they do get sick, are less likely to have access to quality health care. Disparities are documented in many conditions, including: cardiovascular disease, asthma, diabetes, flu, infant mortality, cancer, HIV/AIDS, chronic lower respiratory diseases, viral hepatitis, chronic liver disease and cirrhosis, kidney disease, injury deaths, violence, behavioral health, and oral health.

Developed by: in response to the National Stakeholder Strategy by senior HHS officials, through a process chaired by the HHS Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation.

Intended Use: To be used by HHS agencies to assess the impact of policies and programs on racial and ethnic health disparities, and to promote integrated approaches, evidence-based programs and best practices to reduce these disparities. Progress will be reviewed twice a year. **The plan is operational immediately.**

More Information: www.minorityhealth.hhs.gov/npa

EMERGENCY PEDIATRIC CARE COURSE (EPC)

EPC is a NAEMT course for BLS and ALS providers. This course is designed to help providers with common pre-hospital emergency pediatric encounters. EPC is offered at no charge through funding provided by the Montana State EMS for Children/Child Ready MT Program.

16 hours of accredited pediatric contact time awarded for course completion.
This is a hybrid course. Students **must complete** the 8 hours of online training **prior** to the scheduled day of skills and simulation.

*Access to the online course will be E-mailed to students within three days of course registration. A $75.00 deposit is required to **reserve** a space in the course—you are **not charged if you attend the in-person skills class.***
IF you would like to host an EPC course in your area, email rsuzor@mt.gov for more information.

Please forward this announcement to anyone who may be interested.

This is a great opportunity for *FREE PEDIATRIC EDUCATION*. *REGISTER TODAY FOR THE MARCH 2017 BIG TIMBER EPC COURSE—*

To register, go to: http://www.bestpracticemedicine.com/emergency-pediatric-care/

PEDIATRIC AIRWAY MANAGEMENT ONLINE COURSE

The Pediatric Airway Management online course was developed in partnership with the North Carolina Office of Emergency Medical Services. The course is FREE for emergency medical professionals courtesy of a grant from the Childress Institute for Pediatric Trauma. After successful completion of this course, please follow the process for receiving continuing education hours.

Thank you for your service and willingness to help Save Injured Kids! Click the photo below or weblink **webpage https://saveinjuredkids.org/airway/** to launch the online course.

march of dimes
A FIGHTING CHANCE FOR EVERY BABY™

Q: What does a B mean in Montana?

A: 107 more babies born full-term!

Montana moved from a C to a B grade on the annual March of Dimes Prematurity Report Card by reducing the preterm birth rate from 9.3% to 8.4%. This change means that 107 more babies were born on time rather than too early.

We have a reason to celebrate; however, we have more work to do! Montana ranks as the 36th worst state in the nation for our racial and ethnic disparities. We need your help. With your continued support and advocacy we can carry on the work to ensure a fighting chance for all babies in our state.

For more information visit: marchofdimes.org or nacersano.org

THE RIGHT TOOLS

Traumatic injury is the No. 1 killer of children in the U.S., claiming the lives of more than 10,000 children each year. In addition, almost 300,000 children are hospitalized and over 8 million children are treated in the emergency department for serious injuries each year, many of whom struggle with long-term recoveries and disabilities. The Childress Institute funds research, education and advocacy to save injured kids.

Watch “The Right Tools” video at webpage https://www.youtube.com/ChildressInstitute.

For more information on the Childress Institute, please visit https://saveinjuredkids.org, or on social media at webpage https://www.facebook.com/SaveInjuredKids/.

MEMSA REFRESHER

THE MONTANA EMS ASSOCIATION'S (MEMSA) WINTER REFRESHER WILL BE HELD AT THE RADISSON HOTEL IN HELENA ON FEBRUARY 23-26, 2017. PEDIATRIC SESSIONS WILL BE INCLUDED.
MEMSA's Mission is to promote excellence in the pre-hospital Emergency Medical Services of Montana.
REGISTER TODAY! http://www.memsa-vitals.org/index.html

OTHER COURSES AVAILABLE

ABLS (ADVANCED BURN LIFE SUPPORT)

- January 10th Billings
- February 8th Butte
- April 7th Sidney
- May will be held in Whitefish or Kalispell **To register,** webpage https://www.regonline.com/ABLS111616

BDLS (BASIC DISASTER LIFE SUPPORT)

- Class # 1 January 17th, 19th, 24th, and 26th

Go to "**Click to register:** webpage http://register2.ndlsf.org/course/view.php?id=1685"

- Class # 2 February 21st, 23rd, 28th, and March 2nd
  Then click on "**Click to register:** webpage http://register2.ndlsf.org/course/view.php?id=1686"
- Class # 3 March 6th,8th,13th, 15th 2017
  Not open yet

ADLS (ADVANCED DISASTER LIFE SUPPORT)

- April 21st and 22nd in Fairmont ----Not open yet

Contact: **Don McGiboney,** Hospital Emergency Preparedness, MT Department of Public Health and Human Services P.O. Box 202951, Helena, MT 59620 or call 406.444.5942 (Desk); 406.438.5872 (Cell); 406.444.3044 (FAX)

TRIVIA

Answer the trivia and win free Pediatric CRASH CARDS–to the first 3 to email answers to Robin - rsuzor@mt.gov NOT to the listserve.

1. **When is the MEMSA Refresher?**
2. **What grade did Montana get for premature births from the March of Dimes?**
3. **How heavy is an ATV?**
4. **What are the injuries from ATVs more similar to?**
5. **What is the Central Intake Child Abuse Hotline telephone number?**